

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914765

FILING DATE

APPLICANT(S)

Christensen

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
3			/				53						
4			/				54						
5			/				55						
6			/				56						
7			/				57						
8			/				58						
9			/				59						
10			/				60						
11			/				61						
12			/				62						
13			/				63						
14			/				64						
15			/				65						
16			/				66						
17			/				67						
18			/				68						
19			/				69						
20			/				70						
21			/				71						
22			/				72						
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25			/				75						
26			/				76						
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33			/				83						
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35			/				85						
36			/				86						
37			/				87						
38			/				88						
39			/				89						
40			/				90						
41			/				91						
42			/				92						
43			/				93						
44			/				94						
45			/				95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			42				TOTAL DEP.						
TOTAL CLAIMS			44				TOTAL CLAIMS						